

Summary Response to CJA/OCA Recommendations

June 17, 2009

Recommendation #1: It is recommended that knowledge of case history be an imperative in order for a case to be assigned to a new worker. CJA notes that 'flagging' a case might prove helpful to assure those with more complex needs receive the service and supports they need.

It is expected that when there is a change of worker, the worker leaving the child's case or their supervisor will review the case situations and the needs of the child with the new worker. Whenever possible, those children or youth with elevated needs are assigned to a seasoned worker. Where this is not possible, there is more intense supervision expected. This can be by more frequent supervisory conferences, lowered supervisor to staff ratio and/or additional consultative support of a Children's Services Specialist. All workers meet with their supervisors regularly to discuss child-specific needs and new workers within their first year of service receive more structured learning and mentoring through the use of an on-the-job training professional development guide.

Recommendation #2: It is recommended that efforts continue to be made to limit the number of unnecessary moves. CJA asks that the Children's Division review it's policies in this regard and also that there is quality assurance methods to ensure Family Support Team meetings are occurring when a move for a child is necessary.

Reducing the number of moves children and youth in care experience continues to be a goal of the division. Case readings do occur at the supervisory level to assess practice, including the holding of Family Support Team (FST) meetings. A memo is in production that will accentuate the purpose of these pre-move FSTs. There is concern that all FST members can get caught up in discussing the crisis that has occurred to cause a change of placement to be imminent, rather than using the time to brainstorm with the placement provider what supports/services might be helpful to stabilize the current placement, or if not possible, to increase the likelihood of the new placement being successful. The training guide for workers includes a segment on the effects of multiple placements on a child's development. Placement stability is a topic that has been and will continue to be covered with staff at all levels of the Continuous Quality Improvement process. Though we are not where we want to be, it is important to note that we track the percentage of children who have two or fewer moves within a 12 month period, and we have increased from 74.3% in 2004 to 80.1% in 2008. We want to see this progress continue.

Recommendation #3: This is a child specific recommendation that a child not be placed in residential treatment unless her current foster care placement proves untenable. CJA notes that all children in a foster home who experience a traumatic event should receive services to assist in processing the event and moving forward.

The Children's Division (CD) has tools and policies in place in an effort to assure that all children and youth are placed in the least restrictive environment possible. As mentioned above, we have and will continue to work to see the children that come into care experience as few moves as possible. Finding the most appropriate placement at the earliest opportunity and then providing the support necessary to the child and placement provider before the placement becomes unstable is our goal. Short term services are available to all children in a foster home when a traumatic event occurs.

Recommendation #4: This is a child specific recommendation regarding a case worker spending time with the child outside of the home. CJA notes that workers should receive supervision and instruction regarding appropriate boundaries with youth and that upper management should assure that workers follow the recommendations of the FST. In addition, CJA comments that appropriate ramifications for staff members are needed when staff fail to follow policy and/or safety standards. CJA further notes the need for an outside facilitator/mediator when an FST is not seeing progress or is struggling in their work together.

Case assignments are made on a case-by-case basis. As mentioned above, new workers are given more intensive supervision and given a copy of the NASW code of Ethics during the on-the-job training process. Supervisors also educate staff by coaching and leading by example. Safety is discussed with staff during individual conferences. The front line supervisor is responsible for ensuring that workers follow through with the recommendations of the FST and court orders. Individual conferences are held weekly to discuss individual children and families as well as other topics. Peer record reviews and supervisory record reviews using a case review tool are done quarterly by teams and arranged through the Quality Assurance unit.

The Children's Division operates under the merit system. Corrective action and disciplinary activities are clearly outlined through the Human Resource Center. DSS Policy 2-124 specifically addresses how to handle discipline of employees and states "the purpose of this policy is to provide a procedure for correcting and improving employee conduct/performance, and if necessary, administering discipline. Disciplinary actions will be corrective, fit the nature of the problem and be applied in a consistent and non-discriminatory manner. It may be appropriate to use several types of actions

designed to address an employee's problem(s). Counseling, Employee Assistance Program, Corrective Action Plan, Letter of Concern, Verbal Reprimand, Written Reprimand, Notice of Unacceptable Conduct, Suspension Demotion and Dismissal" Regional managers and the Division's Designated Principle Assistant are usually consulted concerning severe disciplinary issues.

The Children's Division has contracts for consultative services across the state. These contractors can provide training on specifically identified needs and provide case consultation on specific case situations. This includes the ability to assist in facilitating a FST on a one time or short term basis. Currently the Children's Division is partnering with OSCA and private contractors to develop and present advanced facilitation training. This is to be training for all disciplines to attend, not just case managers. This will be rolled out across the state and then we hope to have it available on DVD for repeated use.

The St. Louis project mentioned is a new extreme recruitment grant just begun to look for family or kin for youth who have been in care for two years and need a permanent home. We will not know of the success for over a year.

Recommendation #5: It is recommended that crisis counseling be made available to all foster home inhabitants within 24 hours of a death of someone residing in the home. CJA agrees.

Foster families and other inhabitants of the foster home can have access to crisis counseling sessions. This can be done through MO HealthNet , the local DMH administrative agent's 800 number, or using Children's Treatment Services. The method depends on the desire of the family members and the type of coverage or resource available to them locally.

Recommendation #6: It is recommended that in-service training on Reactive Attachment Disorder be available for foster parents. CJA also feels this should be available to case managers.

RAD training is currently available to foster parents and case managers. It is available by request. The Children's Division is working with MHD clinical staff and DMH to determine the most efficient way to get more information out to foster parents and case managers regarding the more prevalent psychological diagnoses within the population of children and youth in care.

Recommendation #7: Steps should be taken to ensure that foster parents are fully informed and involved regarding the diagnosis and medication of children under their care. CJA agrees and asks CD remind staff of this obligation and that foster parents be included in therapeutic sessions.

Current policy requires that all information regarding the child is shared with the placement provider. The CD is currently in discussions with MHD regarding access to real time information through that division's Cyber Access screens. We will be working with medical professionals also in determining the most effective processes we should have in place to determine how to most effectively use the information gained. The CD agrees that foster parents should be encouraged to participate in therapeutic sessions when recommended by the therapist.

Recommendations #8: FSTs should be encouraged and charged with the responsibility to explore and consider creative plans designed to address the unique circumstances of each child. CJA recommends the team focus on the needs of the child and if at an impasse, take situation to management or a judge for final recommendation.

Instruction is given to case managers in the Child Welfare Manual on how to proceed with a FST when there is a lack of consensus and as mentioned earlier, CD is working with OSCA on advanced training for all FST members. Also previously mentioned, outside assistance can be requested and authorized. Various case reviews are done quarterly, but the Children's Division executive team is evaluating the need for an additional quarterly review more specific to those children or youth in care for two years.